any State that fails to maintain funding levels for existing State high risk pools as required, and approved by HHS, under paragraph (a) of this section.

#### § 152.40 Relation to State laws.

The standards established under this section shall supersede any State law or regulation, other than State licensing laws or State laws relating to plan solvency, with respect to PCIPs which are established in accordance with this section.

# Subpart H—Transition to **Exchanges**

#### §152.44 End of PCIP program coverage.

Effective January 1, 2014, coverage under the PCIP program (45 CFR part 152) will end.

# § 152.45 Transition to the exchanges.

Prior to termination of the PCIP program, HHS will develop procedures to transition PCIP enrollees to the Exchanges, established under sections 1311 or 1321 of the Affordable Care Act, to ensure that there are no lapses in health coverage for those individuals.

# PART 153—STANDARDS RELATED TO REINSURANCE, RISK CORRIDORS, AND RISK ADJUSTMENT UNDER THE AFFORDABLE CARE

#### Subpart A—General Provisions

Sec.

153.10 Basis and scope.

153.20 Definitions.

#### Subpart B—State Notice of Benefit and **Payment Parameters**

153.100 State notice of benefit and payment parameters.

153.110 Standards for the State notice of benefit and payment parameters.

#### Subpart C—State Standards Related to the Reinsurance Program

153.200 [Reserved]

153.210 State establishment of a reinsurance program.

153.220 Collection of reinsurance contribution funds.

153.230 Calculation of reinsurance payments made under the national contribution rate.

153,232 Calculation of reinsurance payments made under a State additional contribution rate.

153.234 Eligibility under health insurance market rules.

153.235 Allocation and distribution of reinsurance contributions.

153.240 Disbursement of reinsurance payments.

153.250 Coordination with high-risk pools. 153.260 General oversight requirements for State-operated reinsurance programs.

153.265 Restrictions on use of reinsurance funds for administrative expenses

153.270 HHS audits of State-operated reinsurance programs.

#### Subpart D—State Standards Related to the Risk Adjustment Program

153,300 [Reserved]

Risk adjustment administration. 153.310

153.320 Federally certified risk adjustment methodology.

153.330 State alternate risk adjustment methodology.

153.340 Data collection under risk adjustment.

153.350 Risk adjustment data validation standards.

153.360 Application of risk adjustment to the small group market.

153.365 General oversight requirements for State-operated risk adjustment programs.

# Subpart E—Health Insurance Issuer and Group Health Plan Standards Related to the Reinsurance Program

153.400 Reinsurance contribution funds.

153.405 Calculation of reinsurance contributions.

153.410 Requests for reinsurance payment.

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# Subpart F—Health Insurance Issuer Standards Related to the Risk Corridors Proaram

153.500 Definitions.

153.510 Risk corridors establishment and payment methodology

153.520 Attribution and allocation of revenue and expense items.

153.530 Risk corridors data requirements. 153.540 Compliance with risk corridors standards.

# Subpart G—Health Insurance Issuer Standards Related to the Risk Adjustment **Program**

153.600 [Reserved]